

**City of Independence Kansas**  
**Independence Historic Preservation and Resource Commission**

**A. APPLICANT INFORMATION**

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Is the Applicant an: ☐ Individual ☐ Corporation ☐ Partnership ☐ Other: \_\_\_\_\_

If the Applicant is a corporation or partnership, a list of the names and addresses of persons having a 10% Interest or more in the corporation or partnership must be attached.

Relationship of the applicant to the property: ☐ Owner ☐ Tenant or Lessee ☐ Purchaser under contract (with consent of owner ☐ Other (please specify) \_\_\_\_\_

If the applicant is not the owner of the property in question, the applicant must submit an affidavit with the owner(s) authorization to proceed with this process.

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**B. PROPERTY OWNER INFORMATION**

☐ Check here is same as applicant If the owner is not the applicant, please complete the following:

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**C. PROPERTY INFORMATION**

Street Address: \_\_\_\_\_

Block Number(s): \_\_\_\_\_ Lot Number(s): \_\_\_\_\_

Zone of Property: \_\_\_\_\_

Have all municipal taxes due as of the date of this application been paid? ☐ Yes ☐ No

If no, please explain: \_\_\_\_\_

(This Space for Official Use Only)

DATE THIS APPLICATION WAS FILED WITH THE CITY: \_\_\_\_\_

DATE THE REPORT OF THE COMMISSION WAS SUBMITTED TO THE CITY: \_\_\_\_\_

THE APPLICATION IS DETERMINED TO BE COMPLETE THIS \_\_\_\_\_ DAY OF \_\_\_\_\_

## Independence Historic Preservation and Resource Commission

Name, profession, complete address, telephone and email address of attorney, architect or other consultant representing applicant:

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Is a change of use planned for this property? If yes, indicate old and new uses. ☐ YES ☐ NO

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☐ Demolition      ☐ Relcoation      ☐ Change to exterior appearance      ☐ Addition or new construction

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Please attach to this application any additional materials that pertain to the nature of the intended work, such as photographs, diagrams, architectural drawings, or specifications. Also, please include, where available, any historical documentation or photographs that supports the planned restoration and/or rehabilitation activity.

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**F. CERTIFICATION BY APPLICANT**

I hereby certify that, as of the date I signed this application, I am a legal or equitable owner of the property described herein, or I am an authorized officer or principal of said owner. I further certify that if there are other legal or equitable owners of said property, I have identified them herein. I further certify that the contents of this Application are complete, accurate and true.

Applicant's Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**NOTE: SEE INSTRUCTIONS TO APPLICATIONS, PARAGRAPH 9, FOR IMPORTANT  
NOTIFICATION REQUIREMENT THAT APPLIES TO ALL APPLICATIONS.**

***The IHPRC shall review the application for a certificate of appropriateness and determine  
whether issuance of a certificate of appropriateness should be approved or denied within 45  
days of receipt of the application.***

**(This Space for Official Use Only)**

**APPLICATION TIMETABLE**

1. Date application submitted: \_\_\_\_\_
2. Date application is deemed completed: \_\_\_\_\_
3. Date by which applicant must be notified that application is completed and that the hearing has been scheduled: \_\_\_\_\_
4. Hearing date: \_\_\_\_\_
5. Date Commission's decision is due (within 45 days of application) \_\_\_\_\_